



## OFFICE OF THE PLANNING DIRECTOR

PO Box 960, 2 Main Street  
Amherst, NH 03031-0960  
e-mail: ctiedemann@amherstnh.gov  
website: www.amherstnh.gov  
Tel. (603) 673-6041 x 204 Fax (603) 673-4138

### Amherst Building Permit Application

To Build, Alter, Repair, Install, or Change Buildings, Land, or Uses

Owner(s): \_\_\_\_\_ Gen. Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Location of Work: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Unit: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Fee Due: \$\_\_\_\_\_, Paid: \_\_\_\_\_, Date: \_\_\_\_\_ Hist. Dist.: \_\_\_\_\_ Yes \_\_\_\_\_ No Scenic Road: \_\_\_\_\_ Yes \_\_\_\_\_ No

Description of work to be done (be specific, attach additional sheets as needed - application must contain enough information to determine compliance with appropriate Ordinances and Regulations).  
**(Two sets of scaled plans are required for all buildings, structures, and dwellings, as well as any remodeling or additions.)** \_\_\_\_\_  
\_\_\_\_\_

#### Type of Permit:

\_\_\_\_ New Building \_\_\_\_ Electrical \_\_\_\_ Plumbing \_\_\_\_ Change of Use \_\_\_\_ Septic System \_\_\_\_ Pool  
\_\_\_\_ Individual Sign \_\_\_\_ Alteration or Addition \_\_\_\_ Foundation Only \_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_ Single Family: Bedrooms: \_\_\_\_ Bathrooms: \_\_\_\_ \_\_\_\_ Year Round \_\_\_\_ Seasonal

#### Use Classification:

\_\_\_\_ Residential \_\_\_\_ Commercial \_\_\_\_ Retail \_\_\_\_ Office \_\_\_\_ Industrial \_\_\_\_ Assembly \_\_\_\_ High Hazard  
\_\_\_\_ Educational \_\_\_\_ Institutional \_\_\_\_ Storage \_\_\_\_ Other: \_\_\_\_\_

Square Footage of Work: \_\_\_\_\_ Estimated Cost of Work: \_\_\_\_\_

Other Contractors (Electrical, Plumbing, Septic; include copy of License and business card for each):

**ELEC:** Name: \_\_\_\_\_ License: \_\_\_\_\_ Expires: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_

**PLUMB:** Name: \_\_\_\_\_ License: \_\_\_\_\_ Expires: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_

**SEPTIC:** Name: \_\_\_\_\_ License: \_\_\_\_\_ Expires: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_

**NOTE:** *I certify that the information herein given is true and correct to the best of my knowledge. No changes from the above information can be made without written approval of the Zoning Office. Construction activities shall not commence until the Building Permit is issued.*

*I realize that when all necessary approvals have been issued (within 30 days after receipt of all required plans), a Building Permit may be granted by the Zoning Office to allow construction or change in land use in conformance with this application and those plans and specifications submitted in support thereof only.*

*I further acknowledge that the proposed structure or improvements shall not be occupied or otherwise utilized without the issuance of a Certificate of Occupancy and only after all necessary inspections have been requested and satisfactorily completed.*

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Note: If not signed by owner a letter of authorization to proceed from owner is required. v.7.8.09